T-UN-695

|| ஸ்ரீ: ||

ௐ

17-வது தமிழ்நாடு ஆயுர்வேத மஹா ஸம்மேளனம், 1952.

புதுக்கோட்டை

வரவேற்புக் கமிட்டி தலைவர்

V. S. கணபதி சாஸ்திரி

அவர்களின் நல்வரவும் சொற்பொழிவும்

8, & 9-3-52

17-வது தமிழ்நாடு ஆயுர்வேத மஹா ஸம்மேளனம், 1952.

தமிழ்நாடு ஆயுர்வேத மஹா ஸம்மேளனத்தின் 17-வது மகாநாட்டை புதுக்கோட்டை நகரத்திற்கு வரவேற்று நல்வரவு கூறும் கௌரவத்தையும், பாக்கியத்தையும் எனக்கு அளித்ததற்காக வந்தனம்.

தமிழ் நாட்டிலே தமிழ் அரசாக விளங்கின இந்த பிரதேசத்தில் இவ்வருஷம் கூடும்படி அழைத்த எங்கள் அழைப்பிற்கிணங்கி தாங்கள் இங்கு வந்து எங்களை கௌரவித்ததற்கு எங்களுடைய மனமார்ந்த வந்தனம்.

இம் மஹாநாட்டை திறந்துவைப்பதற்கு ஒப்புக்கொண்டு விஜயம் செய்திருக்கும் **ஸ்ரீ P. வரதராஜுலு நாயுடு அவர்களை** நான் வெகு ஸந்தோஷத்துடனும், நன்றியறிதலுடனும் வரவேற்கிறேன். தற்சமயம் சென்னை மாகாணத்திலிருந்து வரும் அரசியல் நெருக்கடியை நிவர்த்திக்க அவர்களுடைய மனம் ஈடுபட்டிருப்பதில் நம் அழைப்பிற்கிணங்கி இங்கு வந்திருக்கிறார்கள். அவர்களுடைய வரவு நல்வரவாகுக!

இவ்வருஷ மஹா ஸம்மேளனத்திற்கு **வைத்ய வாசஸ்பதி பண்டித P. S. ராம சர்மா** அவர்களை தலைவராக தேர்ந்தெடுத்தீர்கள். வைத்திய சாஸ்திரத்திலும் பயிற்சியிலும் அவர்களுக்குள்ள தேர்ச்சியாலும், அனுபவத்தாலும் ஆயுர்வேதத்தின் வருங்கால முன்னேற்றத்துக்கு உதவி செய்யக் கூடியவர்கள். அவர்களை என் பூர்ண மனதுடன் வரவேற்று இம்மஹா ஸம்மேளனத்தை நடத்தி கொடுக்கும்படி பிரார்த்திக்கிறேன்.

நம் தேசம் ஸுதந்திரம் பெற்று 4 வருடங்களுக்கு மேலாகிறது. ஸுதந்திரம் பெற்றிருந்தும் நாம் இனிமேல்தான் ஸுயராஜ்யம் ஏற்படுத்திக்கொள்ள வேண்டியதாகயிருக்கிறது. அவ்வாறு பெறுவதற்குறிய உண்மை ஸுயராஜ்யத்திற்கு அடிப்படையான அரசியல் ஸுயராஜ்யத்தின் ஸம்விதானமும் அதாவது கட்டுகோர்ப்பும் (Constitution) காங்கிரஸ் கவர்ன்

மெண்டார் ஒருவாறு அமைத்துக்கொடுத்திருக்கிறார்கள். அந்த அரசியல் கட்டுக்கோப்புக்குள் சிகித்ஸை சுதந்திரத்திற்கும் தகுந்த அவகாசம் கொடுக்கப்பட்டிருக்கிறது. அந்த அவகாசத்தைப் பயன்படுத்திக்கொண்டு பிரகிருதமிருந்து வரும் வைத்திய போதனுமுறைகள், சிகித்ஸை முறைகள் எல்லாவற்றையும் நம் ஆயுர்வேத முறைகளாக மாற்ற முயற்சி செய்யவேண்டும்.

மேல்நாட்டார் நம்மை ஆண்டுவந்ததால் மேல்நாட்டு வைத்திய முறைக்கு அபரிமித சலுகைகள் காட்டிய நிமித்தம் பெரிய ஆஸ்பத்திரிகள் கட்டப்பட்டு அயல்நாட்டு ஔஷதங்கள் அயல் நாட்டு முறைகள், அயல் நாட்டு வியாதி நிதானங்கள் இவைகளின் வசப்பட்டு நிற்கிறது பொது ஜனம். ஆயினும் ஒரு சுபஸூசகமாக ஒரு நல்ல சின்னம் இருக்கிறது. இவ்வளவு வருஷங்களாக இவ்வளவு மேல்நாட்டு வைத்தியப்படிப்பும் வைத்திய சாலைகளும் இவ்வளவு ஸாங்கோபாங்கமாக அனுஷ்டிக்கப்பட்டு வந்தாலும் கிராமங்களில் இவ்வயல்நாட்டு முறைகள் வியாபிக்கவில்லை. நம் தேகக்கூறுக்கு இங்லீஷ் மருந்துகள் ஒத்துகொள்ளுகிறதில்லை என்று பொதுவாக நம்மிடம் ஒரு அபிப்ருயம் இருப்பதானது கிராமாந்திரங்களில் ஒரு திண்ணமான நம்பிக்கையாக யிருந்துவருகிறது.

यस्मिन् देशेहियोजातः तस्मिन् तज्ञौषधंहितं

என்பது சரகஸம்ஹிதையின் வசனம்.

இது முதல் பார்வையில் ஒரு சுபஸூசகம்தான். ஆனால் இது உண்மையில் அப்படித்தானு என்று யோசித்துப் பார்க்க வேண்டும். கிராமத்திலுள்ள ஆரோக்கிய நிலை எப்படியிருக்கிறது என்று கவனித்துப்பாருங்கள் அவர்களுக்குறியவைத்திய உதவிகள் நம் ஆயுர்வேத வைத்தியர்கள், ஸித்த பண்டிதர்கள் யுனானிஹக்கீம்கள் இவர்களால் அளிக்கப்படுகின்றனவா? இல்லை. அவர்கள் அவ்வாறு உதவியளிக்கக்கூடிய பொருளாதார வசதிகள் அவர்களுக்கு இருக்கின்றனவா? இல்லை. நம் சுதந்திர ஸர்க்கார் அவர்களுக்கு பூர்ண உதவியளிப்பார்களா? இது ஒரு பெரிய பிரச்னை. இப்பொழுது நடந்து வரும் மேல்நாட்டு வைத்தியமுறைகளை நீக்கி உடனே நம்நாட்டிலுள்ள வைத்தியமுறைகளை புகுத்த முடியுமா? சஸ்திர சிகித்ஸை முறைகள் மேல் நாட்டு சவச்சேத பரீக்ஷைகளால் ரொம்ப முன்னேற்றமடைந்திருக்கிறது. ஔஷத சிகித்ஸை விஷயத்தில் நம்நாட்டு முறைகள் மேல்நாட்டு முறைகளுக்கு கீழ்பட்டதில்லை. ஆயினும் நம்

முடைய வைத்திய சாஸ்திரங்கள் வெகுகாலத்திற்கு முன் ஏற்பட்டவை. அவைகளிலுள்ள தத்துவங்களை மேலும் மேலும் ஆராய்ச்சி செய்து சிகித்ஸையின் பலன்களை இப்பொழுதுள்ள தேக நிலைக்கும் ஏற்றவாறு மேம்படுத்த வேண்டும்.

இப்பொழுதுள்ள சாஸ்திரீய முன்னேற்றத்தால் அண்டமே பிண்டமாகிவிட்டது.

जलनिधिः कुल्यायते तत् क्षणात् मेरुस्स्वल्पशिलायते

என்ற கவி வசனங்கள் இன்று உண்மையாகிவிட்டன. இவ்வாறு வெகு சீக்கிரத்தில் வெகு தூரங்கள் போகும் மனிதனுக்கு ஆகாரம், ஔஷதம் முதலியவைகளின் ஸ்வரூபம், அளவு, அவைகளின் பலன்கள் தகுந்தபடி அமைக்கவேண்டிய காலமாக இருக்கிறது.

ஆகையால் இப்பொழுது நம் நாட்டு வைத்தியமுறைகளை தற்காலத்திய மேல்நாட்டு விஞ்ஞான சாஸ்திர பௌதீக சாஸ்திரமுறைகளின் முன்னேற்றத்தைக் கொண்டு சீர்திருத்த வேண்டும். நம் தேச ஆரோக்யத்தையும் சரீர பலத்தையும் வளர்க்கக்கூடியதும், அதேசமயத்தில் சிக்கனமாக இருக்கக் கூடியதுமான ஆகாரமுறைகளை கண்டுபிடித்து ஜனங்கள் அனுஷ்டிக்கும்படியாகச் செய்யவேண்டும். நம் தேசத்தில் பெரும்பாலார் ஏழைகள். அவர்களுக்கு உதவிசெய்வதுதான் முக்கியம். ஜனஸமூகத்தில் தொத்துவியாதிகள் வராதவாறு தடுக்கும் சிகித்ஸை முறைகளுக்கு ஆயுர்வேதம் முதலிய நம் சுதேச முறைகள் நகராட்சி மன்றங்கள் முதலிய ஸ்தல சுய ஆட்சி நிலயங்களுக்கு எவ்வாறு உதவியளிக்க முடியும் என்பதையும் நீங்கள் சர்ச்சை செய்யவேண்டும்.

உங்களுடைய தொழில் ரொம்ப உயர்வானது. நீங்கள் செய்யும் ஆரோக்யதானத்தை வெகு கண்யமான தானமாக சாஸ்திரங்கள் சொல்கின்றன.

நம் நாட்டை இன்று வறுமை, மடமை, பிணி என்ற மூன்று அரக்கர்கள் துன்புறுத்துரர்கள். அன்று ஏகசக்ர நகரிலிருந்து பகாஸுரன் என்ற அரக்கனை பீமன் ஸம்ஹாரம் செய்ததுபோல் இன்று இந்த பெரிய உபகண்டமாகிற பாரத தேசத்தில் பலி வாங்கும் இம் மூன்று அரக்கர்களையும் கொல்லவல்ல பலபீமர் கள் வேண்டும். அவ்வாறு பெரும்பணி செய்யக்கூடிய பாக்கியம் உங்களுக்கு கிட்டியிருக்கிறது.

ஆகையால் உங்கள் தொழில் தேசிய ஸேவை, தனம் ஸம்பாதிக்க ஏற்பட்ட தொழில் அல்ல. உண்மையில் நம் மூதாதையர் இட்ட திட்டங்கள் எல்லாம் வகுத்தவழி யெல்லாம் பணம் சேகரித்து. சீமான்களாக வேண்டுமென்ற கீழ்ப்பட்ட எண்ணத்துடனல்ல. நம் பெரியோர்கள் எந்தவித்யை யும் விருத்திக்காக அதாவது பிழைப்புக்காக கற்கவுமில்லை. பயில வும் இல்லை. இம் மேல்நாட்டு நாகரீகம் வந்தபிறகுதான் ஸம்பா திக்க கற்பது என்ற பழக்கம் வந்திருக்கிறது, நம்தேசம் இருக் கும் சீர்கேடான நிலையில் இன்னும் சுமார் 50 வருஷங்களாவது எல்லா ஆசிரியர்கள், வைத்தியர்கள், வர்த்தகர்கள் என்னைப் போன்ற வக்கீல்கள் எல்லோரும் அவரவர்களின் தொழிலை தேச க்ஷேமத்திற்கு ஏற்பட்ட பணியாக நினைத்துச்செய்தால் தான் நம் பாரததேசம் ஸர்வதேச முன்னணியில் நிற்கமுடியும். அப்பொழுதுதான் நம் ஒப்புயர்வற்ற கலாசாரம் உலகத்துக்கு உபயோகப்படும். எக்கார்யத்தைச்செய்தாலும் தர்மம், அர்த்தம் காமம், மோக்ஷம் என்ற நான்கு விதமான புருஷார்த்தங்களும் நமக்கு சித்திக்கவேணும் என்ற சங்கல்பத்துடன் நாம் செய்ய வேண்டியது நமது கடமை. இது ரொம்ப கடினமான கார்யம். இக்கார்யத்தில் நம்நாட்டு வைத்திய ஸகோதரர்களும் தேச பக்தியுடன் விழித்து எழுந்து அதிலுள்ள கஷ்டங்களைப் பொருட்படுத்தாது தேசப்பணியைச் செய்து பாரத ஸமுதாயத் தின் ஆயுர் விருத்தியைக் கொடுப்பவர்களாகவும் ஆரோக்கிய தாதாக்களாகவும் விளங்கும்படியாக கேட்டுக்கொள்கிறேன். இப்பெரிய வேலைக்குதகந்த திட்டமிட்டு கொடுக்கும்படி நாம் இங்குவந்திருக்கும் வைத்திய நிபுணர்களை வணக்கத்துடன் பிரார்த்தித்துக்கொண்டு அவர்களுக்கு ஸ்வாகதம் கூறுகிறேன்.

सर्वे जनास्सुखिनो भवन्तु

समस्तसन्मङ्गलानि सन्तु

கீதாஞ்ஜலி, புதுக்கோட்டை

THE 21st L. I. M. CONFERENCE, KUMBAKONAM

21—9—1952

WELCOME ADDRESS

By DR. S. S. PALANIVELU, L.I.M.,
Chairman, Reception Committee

Friends,

I extend to you all a hearty welcome to this district, Tanjore, famed as granary of India, and to this town, Kumbakonam, the town of temples. This is the place where Tamil literature and culture have grown and conquered the hearts and minds of the people. The Kings, Cholas, not only conquered the territories extending from Kanyakumari to Himalayas, but also went over the seas as far as Thailand and Indo-China and left their heritage there, the marks of which abounds even today. The greatness of the Dravidas has extended, as modern archaeological finds have shown, as far as Indus Valley.

Apart from the glory of the Cholas and their Empire, this district is nurtured and nourished by the river, Cauvery, affectionately called by the people 'Ponni' Aar—The Golden River. It is a perennial source of life-giving water to this land. On the banks of this river, the great Acharyas, sang the songs of devotion, preached their philosophy and established their centres of education. Starting from Gnanasambandar, whom Parvati fed from her breasts, to Thyagaraja, the devotee of Sri Ramachandra, you have a long line of saints to remember on the banks of this river. As though this is not enough, the successive Chola monarchs vied with each predecessor and built temples—the architectural wonders of all times. Even in this town you have fourteen temples dedicated to the different aspects of God. A few miles away, in Tanjore, you have the

big temple even now called locally as 'Periya Koil'. I will implore you all who have come to this place for the first time, to take a leisurely round and have your eyes and hearts feasted. I have no intention to give you an itenerary of what places to go ..d see. Every thing that you see in this blessed distrct is ..h seeing, and everything you learn of these places is worth ..nembering. Who can afford to forget a Kamba, a Thyaga-..ja, a Dikshata or the frescoes of the Tanjore temple.

So much for the importance of this and surrounding places. Let us consider for a while the system of medicine the people practised and made the life of the people worth-living. People who are not acquainted with Tamil Civilisation and culture, may not know the medical literature and the tradition of medical practice of Tamils. The system of medicine practised here is generally called the Siddha system. The original founder of this system is attributed to Agasthya—the sage who gave the Tamil language to the Dravidas. It may be or it may not be the same Agasthya, but the system takes its origin from that sage. The idea of a medical system is not only to cure the illness which afflicts the human body, but also makes the body perfect to attain the pleasures of this world and also to obtain 'Siddhi' or emancipation. So the system is called Siddha system. There is a long line of Siddhas starting from Agasthya, Gorakka, Kaka Bhujanda etc. There are other worthies like Theraiyar who have contributed to enrich the system. In all these books you will find not only a system of medical practice to perfect the body, but also edicts to enrich the mind by yoga. The idea of body and mind as a single unit is found everywhere in these literature.

The peculiarity of this system is this: that it handles minerals and metals more commonly than its sister system namely, Ayurveda. It is a fact that in the ancient Sanskrit Ayurvedic works, there is not elaborate mention of minerals like Rasa, Gandhaka, Talaka etc. They abound in vegetable preparation only. Treatment of diseases by mineral preparations

is called Daivika Vaidya, for, it has got greater advantages than the other two 'Manusha Vaidya' treatment by vegetable preparations and 'Asura Vaidya' treatment by surgical operations. The advantages are greater potency of the prepared medicines like Rasa bhasma, or Talaka bhasma, longer life of the prepared medicines than the vegetable ones as the la[illegible] loose their potency by lapse of time, and easier metho[illegible] administration, as the dosage is small and has not got taste a[illegible] some of the vegetable preparations. We should not compare the surgical treatment here.

There is a tamil saying that if you perfect medicine you become an alchemist (வைத்தியம் முத்தினால் வாதம்) and the saying when you fail as an alchemist, you become a medical man (வாதம் கெட்டால் வைத்தியம்). This statement should have gone to the north. For it is stated in history that in 4th century A.D. one Nagarjuna, a Buddhist monk had come to South India to learn alchemy. We are not sure whether he had learnt alchemy or not, but he has learnt Siddha system of medicine and has become Siddha Nagarjuna. He has stayed for about twelve years in South India and has written a book, 'Rasa Ratnakara', a medical treatise on metals, and mineral preparations. It is the first book found in Sanskrit literature dealing in the treatment of diseases by mineral preparations. Therefore, it is clear, that Siddha system of medicine is the first to use mineral preparations and include them in their system of medicine.

Another contribution of Siddha system of medicine to the pharmacopial preparations is their method of reducing the metals by what are called acids and alkalies. The use of 'Jayaneer, Pooneer' etc., are unique in the preparation of bhasmas and sindooras. It saves time and labour and the action is quick and not variable. With this tradition and background, the Siddha system has been giving yeomen service to the people of Tamilnad.

Siddha system has contributed to the growth of medical literature in Ayurveda as well. I have already mentioned about

Siddha Nagarjuna, the Buddhist monk who has come to South and learnt Rasavada. Another work by name, Rasa Ratnakara, is found in Sanskrit written by one Parvathiputra Nithyanatha Siddha. There are number of Khandas in the book by name Vadi Khanda, Ruddhi Khanda, Mantra Khanda, etc. In most of these books conversion of baser metals to higher ones are mentioned and also various Tantric and Mantric precepts which may not interest pure medical men. But it should be the attempt of every medical man to remove the medical portions of these books and print them together, so that, a student will have easy access to them. It is interesting to note that the authors of Sanskrit works as Rasa Ratnakara should be names of Siddhas —Siddha Nagarjuna, Nityanatha Siddha, etc. It shows that our ancients learnt from whatever source the knowledge has come, irrespective of South or North, Sanskrit or Tamil. Has not the sage said :

எப் பொருள் யார் யார் வாய் கேட்பினும்
அப் பொருள் மெய் பொருள் காண்பதறிது.

Therefore, let us follow that wise saying and take everything that is best for the benefit of the humanity. Let us drown the petty parochialism, for, diseases do not afflict any one section of the population. The cure should be effective from whatever source we take.

Let me briefly consider another point which has come into some prominence now. The Government School of Indian Medicine was started in 1925 and it has existed for more than quarter of a Century. In 1947, it was considered by the Government that the School should be made into a College so that students with higher basic knowledge could be admitted. As it would be difficult from the financial standpoint for many parents to send their sons and daughters to a costly course of seven years after S.S.L.C. the then Government in 1948, thought to continue the L.I.M. course which was reduced from five years to four years. As there is not enough of trained

medical personnel in this State, such shortened course would relieve the problem of medical relief for the time being. That course had attracted a large number of young men and women. But all on a sudden from this academic year the L.I.M. course was abolished. In a Press Conference immediately after, the Chief Minister, Sri Rajaji said that the collegiate course, namely, G.C.I.M. would be expanded and more number of students would be admitted. It was done so as the admissions from 50 has been raised to 100. We are thankful to the Government for that. Yet, I am of the opinion that the short term course should have been continued for some time more. The Committee on Indigenous System of Medicine (Chopra Committee) has discussed this point at length (page 100, section 165) and say, " We therefore recommend two courses—one the Degree course and the other the Licentiate course—as an interim measure." In this way we shall not only be able to increase very considerably the number of qualified Practitioners so urgently required, but we may also be able to create through the Licentiate course a type of service for relief work in the rural areas which while being less expensive may be more suited to the requirements of our village population ". The Committee has given a curriculum of studies which will be finished in the course of three years after S.S.L.C. We have not been told by the Government why this useful course of L.I.M. should have been abolished.

It has been reported in the Press that the Chief Minister of this State has said in opening the D.M.O.'s Conference that the encouragement given to the Indigenous system of medicine is due to political pressure. It is a strange statement to emanate from the head of the Government of this State. Every State whether A, B or C class has established an educational Institution to teach Indigenous system of medicine and I am not sure whether it is due to political pressure everywhere. Even the Union Government has established a Research Centre in

Indian medicine in Jamnagar, Sourashtra State. Has political pressure being used on that Government ?

It is too late in the day to discuss the utility of Indigenous systems of medicine or the scientific basis on which the systems are practised. The Committee on Indigenous systems of Medicine which comprised the stalwarts of Modern medicine has said the system is scientific and " at the present time ministers to more than 80 percent of the population and that it is perhaps the only kind of medical relief available in the rural areas. But the popularity of Indian medicine is not confined to the poor and unlettered peasantry, or to the orthodox and the conservative in our Cities. Patrons of Ayurveda and Unani are found among the intelligentia and the rich and even among the practitioners of Western Medicine ". When such is the real state of affairs it is too late to say that the support is due to political pressure, and that by the head of the State.

Indian Medicine has existed all these years even when foreigners ruled India. Is it going to be hunted out by our own men and Government ? It is not possible. Truth is one and to approach truth there are different ways. Similarly a disease could be cured by different methods—the cure is real and the patient wants only the cure and he is not worried what methods are adopted. For thousands of years the Indian public were satisfied by the treatment of Indian medicine and that is why even now when more fascinating modern medicine is there, people seek the aid of Indian medicine. Instead of realising this factor, the Government has gone to the extent of saying that due to political pressure Indian Medicine is supported by the Government.

Let me consider another point. The Health Survey and Development Committee (Bhore Committee) has opined as follows : " Having given serious consideration to the suggestion that, in the conditions now prevailing in the country, it might be desirable to provide both fully trained doctors and a less elaborate type of medical man, the conclusion which the majority of us arrived at is, that, having regard to the limited

resources available for the training of doctors, it would be to the greater ultimate benefit of the country if these resources were concentrated on the production of only one and that the highly trained type of physician whom we have termed the 'basic' doctor, (summary of recommendations para 229). So the expert body appointed to advise the Government on the future medical education is against a short course.

What is it that the State Government is proposed to do now ? I am mainly basing my observations on the Press report. The details of the proposed scheme is not yet available to the public. As reported in the Press, the Chief Minister has told a medical audience that to augment the personnel for rural medical relief, young men will be trained in Modern medicine in a period of three years. A few people in each district will be selected and put under the respective District Medical Officers for training. The course is for three years. We are not aware of any curriculum of studies. Would there be the teaching of Anatomy, Physiology, etc. ? Is it possible for a D.M.O. with his assistants to teach all the subjects required for a 'safe' medical practitioner in addition to his administrative and other duties ? Even if the course is successful, what guarantee is there that these people so trained would settle in villages. Could there be compulsion on these people by the State ? Would it be consistent with the individual rights given by the Constitution of India ? Some of the Press have already given their doubts about the practicability of the proposal. The Vice-Chancellor of Madras University had warned against it. Yet this is what the Government proposes to do.

Friends, Look here on this picture—the L. I. M. course, which was established more than 25 years back by the late Raja of Panagal, the Chief Minister then, was producing a large number of qualified practitioners in Indian medicine with working knowledge in Modern medicine, with trained personal to teach various subjects according to well-established curriculum of studies, was abolished and the plea was that an intensive

course in Indian Medicine would be given instead of the lesser course. Look at that picture. A course of medical education in Modern medicine is proposed with no trained teachers, no curriculum of studies, no laboratories, or no anatomy theatres or dissections, a course condemned by the medical experts of the country. This volte face is perhaps due to the influence of certain modern medical men who are willing to advise the Government unsolicited. They are so much afraid of the growing popularity of Indian medicine in this State and in the scientific and competent way with which the products of the College of Indian medicine are able to deliver the goods, they have no other go except to put pressure on the Government to abolish the L.I.M. course. Is the Government having enough evidence that the L.I.Ms. are not capable to man the rural dispensaries ? There are more than 400—500 Rural dispensaries of Indian medicine in this State successfully working. These dispensaries are primarily intended to be Institutions of Indian medicine. Now you are going to have something different which may not be successful. The Government should act with consistency in their policies and not change so often on important matters as this. I do not want to draw any conclusion. I will leave that to you.

Brother Delegates, you have come leaving your home and work. The Reception Committee has endeavoured to make your stay comfortable and they are vexed they could not do more. Please accept our hospitality with the spirit with which it is offered. If there are physical discomforts they would be compensated by the mental comfort that you would derive by visiting various important places around us. I heartily welcome you all once more.

OM SANTHI

JAI HIND

21st L. I. M. CONFERENCE, KUMBAKONAM

21—9—1952

PRESIDENTIAL ADDRESS

By DR. S. N. SRINIVASAN, L. I. M.

Mayuram

DELEGATES, LADIES AND GENTLEMEN,

I thank the members of the L. I. M. Association for the kindness with which they have elected me to preside over this Conference. I am conscious that I am not worthy to hold this august position. I am neither a great academician nor a politician to be the president of your Association. I am only a humble member of your Association practising medicine in a mofussil Town. As such, if I am not able to discuss the scientific merits of this system or that, or indulge in political diatribes, you should excuse me. As you have placed your confidence in me, knowing me only as a general practitioner, I will address you on the problems of a general practitioner—his triumphs and woes. I am sure with your kind co-operation and counsel, I will be able to discharge my onerous duties and arrive at a common programme of work for the ensuing year.

The first among our difficulties is the question of registration. For the past twenty years, we have been agitating for including our names under the Madras Act IV of 1914 (Madras Medical Registration Act). The authorities have not looked into the question because of the powerful influence of the vested interests. The modern medical practitioners feel that the Government should treat them with difference and deference. It is all right when we

had an alien rule but it should be different when we have our own Government elected by the general public. Any Government should be able to treat with impartiality the different sections of the people, if it wants to claim, that it is a just one. Party politics is a different thing but when party leaders are elected to the Government then their sole aim is to look to the good of people, whether they have elected them to the Government or not. That is democracy. But we find that the Government favours one section unduly and decries another section.

When a medical practitioner, with the qualification obtained from a Government Institution, starts his practice, all facilities to him should be given to practice what he has learnt and qualified himself. The L. I. Ms. and the G. C. I. Ms. are products of a Government Institution. They have been examined by a Board of Examiners appointed by the Government and given certificate of having passed the Examination. The curriculam of studies include in addition to subjects of Indian Medicine, subjects of Allopathic medicine also. They have to have working knowledge in Allopathy. Most of the examiners are examiners in Allopathic medical institutions. Many hundreds of them have passed out and practising successfully in different parts of the State. Many of them are employed in Rural Medical Relief and Public Health Departments.

Yet, these practitioners are classified under a different category. People may ask what is wrong if they are classified separately. There are number of inconveniences which we have pointed out to the Government. In certain instances you cannot issue a medical certificate because the rule says, that 'the certificate should be obtained from one registered under the Madras Act IV 1914'. The patient whom you have been treating has to obtain a certificate from a different person. If you want to be a medical examiner to an insurance company you are denied of the opportunity. You cannot issue a drunkenness certificate, for the Magistrate may not value it. I can multiply such instances.

On our representation again and again, the Government have issued executive orders and directives to accept the certificate of L. I. Ms. But yet there is no comprehensive act by which these people can be classified on a par with any registered medical practitioner and that is why we have been pressing to include the L. I. Ms. and G. C. I. Ms. under Madras Act IV of 1914.

Not only we have examined the question thoroughly and came to the conclusion that such inclusion is just and equitable, but we have obtained legal opinion on the matter and one of the greatest lawyers of our times has given his opinion that it is legally feasible. But yet the Government has not acted on it. On one side the Government wants to encourage the Indian Systems of Medicine because, of the popular demand to those systems and on the other they want to placate the officers of the Allopathic system. Most of the private practitioners of Allopathy are not averse towards these systems as they find, their colleagues in Indian Medicine are doing good work, but the only trouble is the Allopathic doctors who hold offices. If the Government really wants to help the *alumni* of the college of Indigenous Medicine and see the college is prosperous and attracts the best intellects of the State, then they have to act quickly and include them under the Madras Act IV of 1914. People after having passed inter-science or B. Sc., and having studied for five years could not be expected to be treated differently from those who pass M. B. B. S. examination. The basic education and the period of professional education being the same with L.M.Ps. and M.B.B.S. respectively, the L.I.Ms. and G.C.I.Ms. should be treated similarly not only in their status and emoluments but also in other ways so that the public also will recognise them as competent medical practitioner.

The inclusion of Asavas and Arishtams under the Prohibition act gives a lot of trouble to the practitioners of Indian Medicine. We are for the introduction of prohibition

in this state and its successful maintenance. When the Prohibition Act was introduced in this state in 1937, we protested against the inclusion of these medicinal preparations under the act and the then Government was kind enough to exempt these preparation from the provisions of the act, but imposed certain restrictions on the preparations and sale of these medicines. We agreed to that imposition and there was no difficulty to the Medical Practitioners either in preparing those medicines or in the sale of them. The system continued till about 1950 and the Government changed the rules without consulting the medical practitioners. The new rules are so difficult to adopt and follow by the Medical Practitioners. I will explain briefly how it is difficult. There are about 12,000 registered medical practitioners of Indian Medicine in this State. They are of different educational standards. Most of them are hereditary practitioners and settled in villages. It is the tradition in Indian Medicine, that each practitioner is his own pharmacist. He follows his own profession and gets a moderate living. He does not get any fees for consultation but gets his living by the sale of his medicines to his patients. In short there are no organised Pharmacies of Indian Medicine which would cater to the needs of the practitioners of Indian Medicine. In the case of western medicine it is not so. Both in India and abroad there are well organised and conducted pharmacies on whose preparation one could rely upon, because, each state and country has control on the standards of these preparations. An Allopathic medical practitioner can rely on these preparations and prescribe them to his patients. Whereas in the preparations of Indian Medicines, there is no standard by which one can judge the purity of the products. The Western pharmacies had developed various machineries and industrialised their profession, so that, large quantity of medicines could be prepared cutting down the prices. In the case of Indian Medicine there is no machinery which could be used and so there is no large scale

production to cut down the prices. Moreover, the conservative tradition is such that one cannot prepare large quantities without spoiling their efficacy. Therefore the rules that are applied to the pharmacies of western medicines could not be applied to these individuals who practise Indian Medicine and most of whose general education is poor. I will explain later how the provisions of the Prohibition Act harass them from following their profession normally.

The Asavas and Arishtams are classified as medicated wines and some of them are taxed at Rs. 35/- per proof gallon, and others are exempted from taxation. The criterion to tax them was whether they are palatable and are likely to be misused if allowed unrestricted sale. In the original Act, six of them were considered as sweet and not injurious to the body even if taken in more than medical doses. They are (1) Darkshasava, (2) Draksharishtam, (3) Kharjurasava, (4) Pippalyasava, (5) Narikelasava, (6) Mridweekasava. These are Ayurvedic Shastric preparations and the restriction was that only a registered medical practitioner after obtaining a licence from the District Collector could prepare and sell these things. They have to maintain an account as to how much they have prepared and how and to whom they have dispensed these preparations. These are simple enough and any responsible person may follow these instructions. Regarding the other Asavas and Arishtams, there was no rule to keep an account etc., for they are so bitter to drink and are unlikely to be misused because, of deleterious effects if taken more than medicinal doses. These rules are fair and we are willing to co-operate with the Government to enforce their policy of prohibition.

After more than 12 years after the introduction of Prohibition the Government have changed their policy with regard to the Asavas and Arishtams and put so many restrictions, that it has become impossible to prepare them. The Government has issued an order in G. O. No. 548 dated 7-3-49, perhaps on the

recommendations of the Revenue Board and without consulting the representatives of Indian Medical Practitioners. By this G. O. the Asavas and Arishtams are taxed on the basis of their spirit content.

It is true in the nature of preparation of Asavas and Arishtams, during fermentation, something akin to alcohol is self-generated and this preserves the preparation. It is also true that this proof spirit may vary from one preparation to another and from one time to another. The G. O. says to tax at the rate of Rs. 35/- per proof gallon all preparations with a spirit content of more than 20% and the same tax is levied on the above said six preparations whatever may be the spirit content. To pay such a heavy tax is certainly a hardship on these poor medical practitioners.

Let alone the tax. The mode of operation of the G. O. is not practicable to the most of the practitioners. Each time a medical practitioner prepares an Asava or Arishta a sample should be sent to the Revenue Board who will examine in their laboratories to the spirit content of the product and declare whether it should be taxed or not. A number of forms have to be filled up and a long correspondence should be started. Just imagine a village vaidya whose education is not so great as to address the Secretary of the Revenue Board, whose means are not so good as to seal a number of bottles, label them correctly, fill a large number of forms, and send them by Registered post to the Board's laboratories. The trouble does not stop there. He has to wait, for months before he could get the permission to release those preparations. He has to keep an account, show them for inspection to the various grades of prohibition authorities starting from a constable. He has to undergo all these troubles because he is a practitioner of Indian Medicine.

The trouble does not stop there. I have said before that during preparation the substance similar to spirit is

self-generated. The same process continues as the time goes on and the spirit content may vary from that at the time of its production. The practitioners who perhaps were exempted from tax because spirit content was less than 20% when the sample was sent, may be prosecuted for not paying the tax for the exempted preparation for, six months later it might be found to have more than 20% of spirit. The village vaidya is not expected to possess a laboratory to periodically check the spirit content of his preparations and declare to the Government how much tax he has to pay. He has neither the qualification nor the means to do such laborious laboratory examination. With all these harassments, we are asked to believe we are in a welfare state and the Government looks to welfare of the poorer class of people. It is high time that the Government revise its policy regarding the taxation of Asavas and Arishtams. These preparations are the main stay in the practice of Indian Medicine by thousands of practitioners in this state. If they are taxed, the cost of these medicines would naturally increase and the poor people may not be able to afford such costly medicines. One of the reasons that people seek to Indian Medicine—apart from its effectiveness—is the cheapness of its preparations. By this taxation, the Government will indirectly creple the practice of Indian Medicine. Apart from the prohibitive taxation, it is not possible to comply with all the rules imposed on the preparations and sale of them. As I have said already most of these practitioners are not educated to fill up the forms and not rich enough to pay Rs. 5/- for each of these preparations to be tested by the Revenue Board. Therefore, it is essential that they should remove the taxation and restore the provisions of 1937 Prohibition Act.

It is my opinion that the Government is not well advised in this matter. There is free sale of Allopathic tinctures and culinary products which contain a very high percentage of alcohol and which are likely to be misused. The foreign

spirituous preparations are not taxed and even those that are taxed are taxed only at Rs. 17-8-0 per proof gallon whereas the Ayurvedic preparations are taxed at Rs. 35/-. In other states where Prohibition is introduced as in Bombay, the rules pertaining to Asavas and Arishtams are more liberal. At least this Government may follow the policy of Bombay Government. Taxation and getting revenue thereby should not be the sole criterion of any Government. There is also an ethical standard how and whom to be taxed. In this instance our Government has over looked this standard and the taxation has fallen on poor practitioners and poorer patients. The sooner the taxation is removed it is better.

Whenever Indian Medicine is talked of it has become customary for the high and low to talk of Research in Indian Medicine. It is known, that research could not be ordered and every one cannot do research. Attempts have been made in the past to do Research on drugs and admirable work has been done. Analysing a few drugs and finding their pharmacological and therapeutic action alone do not constitute research in Indian Medicine. It is part of it. Certain people feel that all the books should be re-edited so that it could be modernised and the students would be able to easily comprehend them. It is also essential and it is a useful work. To do the first a well equiped laboratory is essential and a team of highly qualified scientists and technicians are necessary. To do the second highly competent scholars who have been doing teaching work are necessary. For these Government help and finance are essential or highly philanthrophic men should endow enough money to carry on these works. Let the Central Government or the State Government attend to it.

My concern now is that research also could be done by individuals general practitioners however humble their status in life may be. We all know that the ancient texts contain a large number of preparations and many of them have not been used.

A general practitioner chooses a list of preparations and he is contended in using them. What I want you to do is this. Let each one of you take a few preparations that are not commonly used, prepare them and use them on patients. If you find good results announce them to the public with your statistics so that others may follow your lead. If you find them not satisfactory tell it to the world so that your negative results will warn others from attempting to use them. In the course of some years by comparing our individual notes, we will be able to arrive at definite conclusions. Then we will be in a position to weed out all the unnecessary recipes. This kind of work can be done not only by individual practitioner but also by dispensaries and hospitals. In the long history of western medicine, either in discovering a new drug or in finding a new method of treatment, we find a number of individuals unconnected with universities or well established laboratories. I do not belittle the value of them. They have their own importance. But individual practitioners with zeal and determination can contribute more than others. All that is required is a note book with the names of patients and the progress they show. When we keep that record, in the course of some time, even by accident we may arrive at conclusion that may startle the medical science. Most of the discoveries in modern medicine is by accidents as you know of Rontegem rays or Penicillin.

Another important work that individuals can do is to gather from whatever source it may come, simple preparations (Eka mulika prayoga) and traditional ones that have no place in the text books. At times we hear exaggerated versions about the efficacy of this or that medicine. When prepared and used we do not get any result nor even half of which is proclaimed. Nor can we ignore all of them as useless. I know that there are certain excellent remedies which give wonderful results when rightly used. The cost becomes unbelievably small. These traditional preparations are confined only to the uneducated and

unpretentious of our profession. They are not very often willing to give you the recipe. But by persuasion and not by patronage you may be able to get them. When once you get the recipe do not make it as your family property. Prepare and try them and if you are satisfied tell them to your colleagues so that, that useful medicine may reach a wider suffering humanity. But, mark my words, if you are overbearing in your attitude, and behave as though you are a great man, you may not get the confidence of these people and by instinct they avoid you. These courses that I have told you may not bring the glamour of a research scholar but it will bring hope to the sufferers. It is my opinion that there are greater and more efficacious medicines with these humble folks and sanyasis who may come to your, door for alms than those that found in the prescribed texts. If these do not constitute research what else. Leave the laboratories and gunia pigs for the use of highly qualified academicians. Let us be contend with the humble and unremunerative work.

After we have attained the Swaraj, we find a number of plans—Five years plans and three year plans, long range policy and short range policy—on the economic front, on the health front etc. But is there a plan for resuscitation of Indian Medicine among these plans. I am sure any plan on health, if it has to reach the villages should have something of Indian Medicine. Without the co-operation of Indian Medicine, there is no possibility of giving adequate medical relief to the population in the villages. The authorities should shred their prejudice on Indian Medicine. The Allopathic practitioner should no more follow the 'dog in the manger' policy. He is unable to go to the villages without a microscope and an X-ray apparatus nor does he want to allow the Indian Medical Practitioner subsidised and supported by the State. Those of us who had been practitioners for some years really know what is scientific and what is not. It is one thing to talk of science in class rooms

and conferences but it is another when you actually practise. India cannot afford serological examinations and X-ray diagnosis in every case however admirable it may be. Most of us, whether practitioners of Indian Medicine or western Medicine, depend and have to depend on the clinical features of the case for diagnosis, depending on them only get satisfactory results. The same is done in villages also. What is wrong in that. If these 12,000 registered Indian medical practitioners who are doing medical relief work in villages are recruited and given a refresher course if need be, they will do a lot of good towards the Health Planning in this state. If the number I have cited is too great for a selection at least four to five thousand of them can be made and the work carried out. I will again warn that any other course without these Indian Medical Practitioners would be a collosal failure. I am not saying this because of my love towards Indian Medicine, but because, I consider that is the only thing practicable at the present moment or for some decades to come. Any talk of introducing a short course in modern medicine for this kind of medical relief is bound to fail. It is like counting the eggs without hen. A village vaidya has got a tradition behind him, he has got a heredity and heritage which attracts the village folks to him. These young men shorn of those very essential things when placed in the midst of the villagers will not be able to do anything and would return back to the more congenial places.

Friends, I have shared some of my thoughts with you. Please ponder over them arrive at correct conclusions after deliberation in the subject committee meetings. To our great grief there is no settled policy regarding Indian Medicine in this State. Ministry after Ministry want to change it one way or the other. We have existed for more than two decades and yet we are at the mercies of individual ministers who are having health portfolio. We are constantly experimented upon. Let us not become disheartened. Every dark cloud has a silver

lining and we too have got. Whatever might the authorities think of us, whatever might the aspirations cast on us by our adversaries, we have the consolation, that people whom we serve are solidly behind us and support us in all our attempts. When we have such public support soon or later we may have our day. There is nothing to be disparaged now or hereafter.

JAI HIND